2812

Attorney Docket No. MTI-31607

Inde Anni	IN THE U	Miter	
Inde Applicati	on of :	Teck Khens	Attorney Docket No. 1 TAND TRADEMARK OFFICE
Filing Date For	: :	10/050,507	TRADEMARK OFFICE
9 4	:	January 16, 2002	ECH

January 16, 2002

Elimination of RDL Using Tape Base Flip Chip on Flex for Die 3 Group Art Unit Stacking Confirmation No. 2812

7687

CERTIFICATION UNDER 37 CFR 1.8(a) and 1.10

I hereby certify that, on the date shown below, this correspondence is being: Patents, Washington, D.C. 20231

deposited with the United States Postal Service in an envelope addressed to the Assistant Commissioner for

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Assistant Commissioner for Patents Washington, D.C. 20231

<u>TRANSMITTAL</u>

- 1. Transmitted herewith is:
 - Preliminary Amendment
 - Replacement Claims (27 sheets)
 - Blacklined Claims (27 sheets)
 - Return Postcard

2. Applicant is a large entity.

STATUS

MKE/814562.1



The proceedings herein are for a patent application and the provisions of 37 CFR 1.136 apply. [X] Applicant believes that no extension of term is required. However, if an extension of time is

Applicant petitions for an extension of time under 37 C.F.R. 1.136 for the total number of

CHecked below t	of time year		or time is
[] one month [] two months [] three months [] four months	Fee for other than small entity \$ 110.00 \$ 390.00 \$ 1,390.00	Fee for small entity \$ 55.00 \$ 195.00 \$ 445.00	of RECEIVED Number of JAN - 9 2003 MITTEL THE CHARLES AND TH
If an additional extension as	time is required, please consider	\$ 695.00 Fee: \$0.00	
10101011	time is required, please consider	ree: <u>\$0.00</u>	800

If an additional extension of time is required, please consider this a petition therefor.

The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below: 4.

Claims Remaining	C.I.R. 1.16(b)-(d)) has been	n calculate		
After Amendment	Highest No.	Rate	diculated	as shown belo	W:
Total	Previously	(Small Entity)	Additional	Rate	T
Independent 25	Minus Paid For		1 cc or	(Large Entity)	Additional Fee
	VIII	x 9= \$	\$	21	
FIRST PRESENTATION C	OF MULTIPLE DEP CLAS	x 42=\$	\$ 6	31 x 18 · · · · · · · · · · · · · · · · · ·	\$558.00
	- El CLAI	M	_		\$504.00

TOTAL

TOTAL

ADDIT. Fee \$

ADDIT. FEE \$1,062.00

c. [] No additional fee for claims is required. d. [X] Total additional fee for claims required \$1,062.00

5. [X] If any additional extension and/or fee is required, charge Account No. 23-2053. [X] If any additional fee for claims is required, charge Account No. 23-2053.

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MKE/814562.1